

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

06 CV 585 St
 Thomas Flachmann
 C/O Houston County
 Sheriff's Dept.
 112 N. Oates St.
 Dothan, AL 36302

2. Article Number
 (Transfer)

PS Form 3

A. Signature

[Signature]

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-7

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

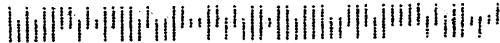
104 N. Oates St

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



02-M-1540